



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE CHICAGO DEATH-RATE.

A VIOLENT difference of opinion existed in 1900 between the Chicago Health Department and the Census Bureau. The census authorities credited Chicago with a population of 1,698,753, while Chicago claimed, and estimated her death-rate on, a population nearly a quarter million greater. The census bureau said, moreover, that Chicago had made the opposite error in counting her deaths. The census enumerators turned in 1,930 deaths, which were not accounted for in the returns of the City Health Department. Thus it appeared that Chicago had made a plus error of 15 per cent. in estimating her population and a minus error of 6 per cent in counting the deaths. The Census Bureau said that the 1900 death-rate of Chicago was 16.2 per 1,000. In the very next year, 1901, Chicago published her famous low death-rate of 13.88, which, Dr. Whalen says, this year's death-rate will surpass. Of course, the death-rate for 1901 was discredited. The statement that 1901 was a remarkably healthy year throughout the world did not remove the doubt which the census results had thrown on Chicago's vital statistics. The department itself later yielded the point of population and accepted the census figures. The discrepancy in the mortality was allowed to slumber and Chicago offered no satisfactory explanation of the 1,930 death records which the enumerators turned in and which the Census Bureau added to the records furnished the Health Department of Chicago. It is well known that the census enumerators' returns of mortality are about 40 per cent. short. Since these returns are based on inquiry at every house concerning the deaths during a year preceding, the results can hardly be expected to exceed 60 per cent. of the deaths truly chargeable to the period. A comparison of the enumerators' returns in 1900 with the mortality returns furnished by the Health Department of Chicago (16,059 and 27,752) shows that the enumerators did not get quite 60 per cent. of the true returns. If, therefore, the 1,930 records appearing in the census schedules, but absent from the city returns, really belonged to Chicago's mortality for 1900, the indications are quite clear that

the mortality upon which the Health Department based its death-rate was less than the true mortality by 3,216 deaths, and that Chicago was fairly chargeable with a death-rate in 1900 of 18.23 per 1,000, two points more than the census rate and about four points higher than the rate which Chicago published.

The suggestion of Dr. Whalen that New York inflates her population figures is not supported by an examination of the census reports, nor did the twelfth census indicate a short count of the New York mortality in 1900. The advantage gained by the recent census of New York (46,000 above the population estimated on the experience of the previous decade) is far too small to justify a suspicion of padding; but Dr. Whalen's suggestion that New York 'corrects' her mortality sheet by excluding all deaths of non-residents and all deaths of infants under two weeks, opens up a question of great importance in American mortality registration. There is no agreement among American registration offices as to the elements of mortality rates. The cities of this country are absolutely unanimous in the exclusion of non-resident decedents, unless Chicago counts them in. Only a few cities, however, publish statements of the non-resident mortality, and not one explains what is meant by a non-resident. It would help the cause of registration tremendously if New York would make public answer to Dr. Whalen's definite charges of unfairness, and if Chicago would also define her practise. Let us have from each city answers to the following questions: Are the deaths of non-residents, occurring in the city, included in the total mortality on which the death-rate is figured? Are the deaths of citizens, taking place outside the city, included in the death-rates? What rule determines the question of residence in cases of death within the city? What rule determines the question of residence in cases of death without the city? Is any part of the infant mortality excluded from the death-rates? Are stillbirths included in the total mortality? What definition of a stillbirth governs your registrar? —*American Medicine.*